

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1656 60-011010
STATE FILE NUMBER

FILED VS. APP. 4 1960 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 40 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4118 NORLEDGE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4118 NORLEDGE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MARTIN Middle T. Last HONKE				4. DATE OF DEATH Month 3 Day 18 Year 60									
5. SEX Male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/30/1884		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Franz Honke				13b. MOTHER'S MAIDEN NAME Clara Mudrow				13c. NAME OF HUSBAND OR WIFE Bertha Honke					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 486-07-3946		17. INFORMANT Address Bertha Honke 4118 NORLEDGE							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH 10 Days ?			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from March 8, 1960 to March 18, 1960 and last saw him alive on March 17, 1960 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Frank O Day MD (Degree or title)						22b. ADDRESS 4314 89th St. C Mo.			22c. DATE SIGNED 3-19-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/21/60		23c. NAME OF CEMETERY OR CREMATORY Green Lawn				23d. LOCATION (City, town, or county) Kansas City		(State) Mo.			
24. FUNERAL DIRECTOR Sheil Funeral Home ADDRESS K.C. Mo.				25. DATE RECD. BY LOCAL REG. 3-21-60		26. REGISTRAR'S SIGNATURE Neva Marshall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FRANK O. DAY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4959

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.